

**Statewide Information Management Manual
(SIMM)
Volume II, Guidelines
Guideline 6.0**

PROJECT CHANGE REQUEST GUIDELINES



January 30, 1998



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Section 1:

INTRODUCTION TO THE PROJECT CHANGE REQUEST

1.0 OVERVIEW

The PCR provides both the department and the DOIT with preliminary information needed to assess the merits of a proposed change before excessive amounts of time and resources are spent on the development of a Special Project Report (SPR), or detailed change proposal, that may have little opportunity for approval. The PCR must address the following questions:

1. What change is being proposed?
2. Why is the change needed?
3. How will the change potentially impact the project?
4. How will the change be incorporated into the project?

1.1 DOIT REVIEW

The DOIT reviews PCRs to assess the following:

1. Whether the need for the change has been established.
2. Whether the project remains viable.
3. Whether the change should be implemented within the current project.
4. Whether the change is consistent with statewide IT policies and strategies.

1.2 DOIT RESPONSE

The DOIT will respond to the submitting department within thirty days of receipt of a PCR. The DOIT's response will provide guidance to ensure proper action is taken, as follows:

- Authorization to proceed with the development of a detailed change proposal/SPR, or
- Direction to complete the existing project without implementing the proposed change. The department has the option to develop a new project proposal for the proposed activity—either concurrently or following the completion of the existing project, or
- Direction to terminate the existing project and to proceed with the development of the Post Implementation Evaluation Report (PIER). The department has the option to develop a new project proposal for the proposed activity after the PIER is completed.

Section 2:

COMPLETING THE PCR TRANSMITTAL


2.0 INSTRUCTIONS

A PCR Executive Approval Transmittal must accompany each PCR submitted to the DOIT, completed as follows:

- 2.1 DEPARTMENT NAME:** Enter the name of the state entity responsible for the related project.
- 2.2 PROJECT TITLE:** Enter the official name of the project for which the PCR is being submitted. A maximum of 75 characters may be entered.
- 2.3 PROJECT ACRONYM:** Projects with lengthy titles are often referred to by an acronym for brevity; e.g., the Statewide Automated Welfare System is commonly referred to as SAWS. Enter the acronym used to refer to this project; if an acronym does not apply, enter "N/A".
- 2.4 APPROVAL SIGNATURES:** The signatures of the Project Manager, Chief Information Officer, Budget Officer, Department Director (or Chief Deputy Director), and Agency Secretary (or Agency Undersecretary), and the date signed. Each executive's name should be printed below his or her signature.

An illustration follows on the next page.

2.1 ILLUSTRATION: PCR EXECUTIVE APPROVAL TRANSMITTAL

Information Technology Project Request		
Project Change Request Executive Approval Transmittal		
Department Name		
Project Title (maximum of 75 characters)		
Project Acronym		
APPROVAL SIGNATURES		
<p>I am submitting the attached Project Change Request (PCR) in support of our request for the DOIT's approval to develop a Special Project Report (SPR) to implement a change to this project.</p> <p>I certify that the PCR was prepared in accordance with State Information Management Manual Volume I, Policy 6.0 and that the proposed change is consistent with statewide policies as well as our information technology strategy as expressed in our current Agency Information Management Strategy (AIMS).</p> <p>I have reviewed and agree with the information in the attached Project Change Request.</p>		
Project Manager		Date Signed
Printed name:		
Chief Information Officer		Date Signed
Printed name:		
Budget Officer		Date Signed
Printed name:		
Department Director		Date Signed
Printed name:		
Agency Secretary		Date Signed
[Not Applicable]		[Not Applicable]
Printed name:		

Section 3:

Project Change Request Preparation Instructions

3.0 INSTRUCTIONS

The following pages contain instructions for completing the Project Change Request. Additional pages may be attached if necessary. Complete the form according to the instructions below.

3.1 PROJECT IDENTIFICATION

1. **Submittal Date:** Enter the date the PCR will be submitted to the DOIT.
2. **Department:** Enter the name of the state entity submitting the change request.
3. **Agency:** Enter the name of the agency, governing board, or constitutional officer responsible for non-agency departments.
4. **Project Title:** Enter the official title of the project.
5. **Project Acronym:** Enter the acronym used to refer to the project; if an acronym does not apply, enter "N/A".
6. **DOIT Project No.:** Enter the project identification number assigned by the DOIT when the project was initially approved.
7. **Background:** Enter a brief summary of the project, specifically focusing on the area(s) for which the change is being proposed.
8. **Department/Agency Contact:** Enter the name, title, and contact information if additional information is needed.

3.2 PHASE/SCHEDULE STATUS

1. **Current Project Phase:** Enter the number of the current project phase; if not applicable, enter "N/A".
2. **Total Planned Phases:** Enter the total number of phases planned for the project; if not applicable, enter "N/A".
3. **Planned Start Date:** Enter the planned project start date (MM/DD/YYYY) from the most recently approved FSR or SPR.
4. **Actual Start Date:** Enter the actual start date (MM/DD/YYYY) of the project.
5. **Planned End Date:** Enter the planned end date (MM/DD/YYYY) from the most recently approved FSR or SPR.

6. **Revised End Date:** Enter the projected end date (MM/DD/YYYY) of the project (assuming the project change will be approved). If a new projected end date cannot be determined at this time, enter “unknown”.

3.3 PROJECT EXPENDITURES/VENDOR PAYMENTS

1. **FSR Approved Project Cost:** Enter the total project cost from the most recently approved FSR or SPR.
2. **One-time Expenditures to Date:** Enter the cumulative one-time project expenditures since project initiation.
3. **Ongoing Expenditures to Date:** Enter the cumulative on-going project expenditures since project initiation.
4. **Total Expenditures to Date:** Enter the cumulative total project expenditures since project initiation.
5. **Vendor Name:** Enter the name of the vendor or consultant for the project. If there are multiple vendors, enter the name of the primary integration vendor or the vendor with the highest contract amount. If not applicable, enter “N/A”.
6. **Vendor Payments to Date:** Enter the cumulative amount obligated to all vendors for work performed since project initiation.

3.4 PROPOSED CHANGE

1. **Change Category:** Check all categories that apply. If “Other” is checked, specify the category in the space provided.
2. **Proposal:** Enter a brief description of the proposed change.
3. **Mandated:** If the change is to address a legislative mandate, check the box and cite the mandate.
4. **Catalyst:** Enter a brief description of the events that made this change necessary.
5. **Justification:** Enter a brief description as to why the proposed change is needed to continue/complete the project.

3.5 PRELIMINARY ECONOMIC ANALYSIS

1. **Approved Costs:** Enter appropriate fiscal year (FY) labels for the columns. Enter the One-time, On-going, and Total Project Costs by fiscal year as shown in the most recently approved FSR or SPR.
2. **Proposed Costs:** Enter appropriate fiscal year (FY) labels for the columns. Enter estimated One-time, On-going, and Total Project Costs by year, assuming the proposed change will be approved.

3.6 IMPLEMENTATION OF THE PROPOSED CHANGE

1. **Budget Action Required:** If the proposed change is not dependent on a budget action, check the “No” box. If the proposed change is dependent upon DOF approval of an associated BCP or other budget decisions, check the “Yes” box; if yes, enter the fiscal year and type of budget action required.
2. **Implementation:** Briefly describe how the proposed change will be incorporated into the project.

3.7 ILLUSTRATION: PCR FORM

PROJECT CHANGE REQUEST

PROJECT IDENTIFICATION:			
Submittal Date:			
Department:			
Agency:			
Project Title:			
Project Acronym:		DOIT Project No.:	
Background (Summary of the project):			
DEPARTMENT/AGENCY CONTACT:			
Name:			
Title:			
E-mail Address:			
Telephone No.:		FAX No.:	
PHASE/SCHEDULE STATUS:			
Current Project Phase:		Total Planned Phases:	
Planned Start Date:		Actual Start Date:	
Planned End Date:		Revised End Date:	
PROJECT EXPENDITURES/VENDOR PAYMENTS:			
FSR Approved Project Cost:			
One-time Expenditures to Date:			
On-going Expenditures to Date:			
Total Expenditures to Date:			
Vendor Name:			
Vendor Payments to Date:			
PROPOSED CHANGE:			
Change Category:	<input type="checkbox"/> Funding	<input type="checkbox"/> Scope	<input type="checkbox"/> Cost
	<input type="checkbox"/> Methodology	<input type="checkbox"/> Technology	<input type="checkbox"/> Schedule
		<input type="checkbox"/> Other	_____
Proposal (Description of the proposed change):			

Mandated	<input type="checkbox"/> Yes _____				
Catalyst (Description of events that made this change necessary):					
Justification (Description as to why the change is needed to continue/complete the project):					
<i>PRELIMINARY ECONOMIC ANALYSIS:</i>					
Approved Costs:	FY ____/____	FY ____/____	FY ____/____	FY ____/____	FY ____/____
One-Time Costs:					
On-going Costs:					
Total Project Costs					
Proposed Costs:	FY ____/____	FY ____/____	FY ____/____	FY ____/____	FY ____/____
One-Time Costs:					
On-going Costs:					
Total On-going Costs					
<i>IMPLEMENTATION OF THE PROPOSED CHANGE:</i>					
Budget Action Required?	<input type="checkbox"/> No <input type="checkbox"/> Yes FY: _____ Type: _____				
Implementation (Briefly describe how the proposed change will be incorporated into the project):					

3.8 ILLUSTRATION: SUBMISSION CHECKLIST

**DEPARTMENT OF INFORMATION TECHNOLOGY
STATE INFORMATION MANAGEMENT MANUAL
PROJECT CHANGE REQUEST: 6.0
SUBMISSION CHECKLIST**

The following checklist will be used by the DOIT PCR Review Analyst to determine if the PCR package being submitted is complete. If any of the required items are missing, the entire package will be returned to the sender for completion. The Project Manager is responsible for ensuring that the following items are included:

- ☐ 1) PCR Executive Approval Transmittal – All Signatures included.
- ☐ 2) Completed Project Change Request form

